



**United Way of  
Washington County**

## Health Program Budget

This form is required for all nonprofit organizations and coalitions applying for program funding under United Way's Health Impact Pillar.

### General Information

Organization or Coalition Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### Program Budget

<b>REVENUE</b>	<b>Last 12 months or 2017 Calendar Year</b>	<b>2019 Application Period</b>
1. United Way of Washington County		
2. Funding from other United Ways		
3. Government grants / contracts		
4. Non-government grants (foundations & corporations)		
5. Membership income / program fees		
6. Fundraising efforts / individual donations		
7. In-kind support		
8. All other revenue		
<b>TOTAL PROGRAM REVENUE</b>		

<b>TOTAL AGENCY REVENUE</b> <i>(Not required for coalitions)</i>		
---	--	--

<b>EXPENSES</b>	<b>Last 12 months or 2017 Calendar Year</b>	<b>2019 Application Period</b>
1. Personnel (salaries, benefits, payroll taxes)		
2. Administrative costs		
3. Direct program service expenses		
4. Fundraising expenses		
5. Value of donated services		
6. All other expenses		
<b>TOTAL PROGRAM EXPENSES</b>		

<b>TOTAL AGENCY EXPENSES</b> <i>(Not required for coalitions)</i>		
--	--	--

## Program Budget Narrative

1. Please explain any budget surplus or deficit.
2. If Revenue Item 8 (All other revenue) and/or Expense Item 6 (All other expenses) represents more than 10% of Total Revenue, please explain.
3. Do any funding sources require a local match? If yes, what is the amount?
4. How many full-time equivalent employees (FTEs) are projected for this program?
5. How many volunteer hours were used by this agency/coalition during the last 12 months or calendar year?

## Statement of Application Approval

***I affirm that I have reviewed all application documents. To the best of my knowledge, the information furnished is accurate and it provides full disclosure of the program and organization.***

---

Signature of Chief Professional Officer

---

Signature of Chief Volunteer Officer

---

Date

---

Date